Partner Services: Opportunities for Integration and Innovation

Jessica Frasure-Williams, MPH
Director of Programs and Partnerships
National Coalition of STD Directors (NCSD)
EMERGING FUNCTIONS OF PARTNER SERVICES
Emerging Opportunities in Partner Services

**Identify persons eligible for PS**
- Diagnosed in clinic
- Surveillance report
- Provider referral

**Conduct Interview**
- Assure treatment
- Education and counseling
- Elicit partner information for follow up
  - In person
  - By phone

**Partner Notification**
- Email
- Websites
- In person

**Linkages to PrEP or HIV Care**

**GOAL**: Find undiagnosed STD/HIV cases, assure adequate treatment, and halt transmission in the community
HIV Care Continuum: Adjusting for Case Investigation Outcomes, King County, Washington

- **Diagnosed**: 92% (No Case Investigation) vs. 92% (Case-investigation adjusted)
- **Linked to Care**: 90% vs. 90%
- **Retained in Care**: 60% vs. 79%
- **Virologic Suppression**: 50% vs. 69%

*Courtesy Matt Golden*
Proportion of Newly Diagnosed HIV-Infected Patients who are Linked to Care and Retained in Care by Receipt of Field Services, New York City, 2007-2011

*Linked to Care within 90 Days*  
- No field services: 66%  
- Received field services: 79%

*Retained in Care*  
- No field services: 55%  
- Received field services: 69%

*p<0.001, small differences in multivariate analysis*  

Bocour, et al. AIDS 2013
On the Horizon: Evaluation of HIV Outcomes in Clients of STD Programs

- Five participating jurisdictions, taking different approaches to the evaluation
  - Linkages to care
  - Linkages to PrEP
- Includes outcome evaluation and time-motion study of DIS
- Results expected in a few years
MEETING MEN WHERE THEY ARE: PARTNER SERVICES IN THE DIGITAL AGE
We surveyed three stakeholder groups about the same set of interventions:

- **18** Website owners/Managers
  - How likely would you be to implement each idea?

- **82** HIV/STD Directors
  - Which ideas are most likely to reduce HIV and/or STD transmission?

- **3,050** MSM website users
  - Which interventions would you be most likely to use?

Partner Notification Options and Percent Approval by Website Owners, Website Users, and HIV/STD Directors

*Indicates a minimum approval rate of 50% among all three groups
World AIDS Day testing campaign, 2014

Preliminary Outcomes:
• 7 additional sites participated
• 19 million additional impressions
• 30,000 additional click-throughs to CDC testing site or Start Talking campaign
Feasibility Study: Mail-in HIV self-test campaigns through Grindr™

- 333 test requests in 4 weeks
- 125 responded to survey
  - 93% of people thought the test kit was easy
  - 4% self-reported positivity

FEDERAL RESOURCES FOR INTERNET PARTNER SERVICES
Executive Summary

The Toolkit for technology-based STD and HIV Partner Services (IPS) serves as a general resource for health departments, community-based organizations (CBOs) and others authorized to provide HIV/STD partner services (PS). It is designed for use with the Internet and other digital technologies, such as mobile phones, computers, and social networking sites, to trace and contact persons potentially exposed to HIV and other STDs. This toolkit updates IPS information found in the 2008 National Coalition of STD Directors (NCSD) Guidelines for Internet-based Partner Services and is a supplement to the 2008 Centers for Disease Control and Prevention (CDC) recommendations for technology-based IPS.
National Internet Partner Services Workgroup - CDC

To subscribe to the list-serve:

• Send an email from the account you wish to use to list@cdc.gov
• Include the following information in the body of the email using this format: SUBSCRIBE NATIONAL-INTERNET-PARTNER-SVC your name
  – Example: SUBSCRIBE NATIONAL-INTERNET-PARTNER-SVC frank strona

For more information on the NIPS calls, technical assistance or questions, contact Rachel Kachur (rlk4@cdc.gov) or Frank Strona (fhs3@cdc.gov).
What can HIV Programs do?

• Partner with STD programs by providing resources for staff for conducting
  – partner services,
  – linkage to PrEP services,
  – linkage to care, and
  – re-engagement with care

• Partner with providers to communicate the value of Partner Services provide to patients and communities

• For programs doing Partner Services: seek support in engaging partner services online by
  – Reviewing the toolkit
  – Participating in NIPS
  – Contacting CDC or NCSD for assistance
THANK YOU!

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Expanded Partner Services

Increasing Health Equity among Gay & Bisexual Men
HIV still 45,000 new cases a year
- Folks living longer
- 2/3 of all cases MSM

Syphilis on the rise nationally and regionally
- Cohort of Neurosyphilis on the west coast and North Carolina causing blindness

Gonorrhea on the rise nationally and regionally
- The days of AMRNG are fast approaching
“If everything is a priority, nothing is a priority.”
- Anonymous former STD Director
“about one in ten gay and bisexual men with syphilis or rectal gonorrhea acquire HIV within one year of their STI diagnosis.”


Vermont Department of Health
Time to Focus

Vermont Department of Health
Resistance is coming: are we ready?

Where will it come from?

History suggests:
- West Coast to East
- MSM to heterosexual

Vermont has had three cases that have been under increased surveillance during the past five years

Vermont Department of Health
Through the years, what has been reported and learned?
Annual Case Report of Gonorrhea in Vermont

Total Annual GC

Vermont Department of Health
Vermont we have a problem

There is a health inequity at play here!!!

Vermont Department of Health
Gonorrhea Trends in Vermont

Gonorrhea and MSM

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Male</th>
<th>MSM</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>60</td>
<td>34</td>
<td>14</td>
</tr>
<tr>
<td>2006</td>
<td>72</td>
<td>33</td>
<td>11</td>
</tr>
<tr>
<td>2007</td>
<td>64</td>
<td>31</td>
<td>9</td>
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<tr>
<td>2008</td>
<td>37</td>
<td>18</td>
<td>8</td>
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<tr>
<td>2009</td>
<td>50</td>
<td>20</td>
<td>10</td>
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<tr>
<td>2010</td>
<td>58</td>
<td>32</td>
<td>19</td>
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<tr>
<td>2011</td>
<td>50</td>
<td>25</td>
<td>9</td>
</tr>
<tr>
<td>2012</td>
<td>99</td>
<td>42</td>
<td>20</td>
</tr>
<tr>
<td>2013</td>
<td>100</td>
<td>47</td>
<td>13</td>
</tr>
<tr>
<td>2014</td>
<td>82</td>
<td>35</td>
<td>18</td>
</tr>
<tr>
<td>2015</td>
<td>62</td>
<td>38</td>
<td>18</td>
</tr>
</tbody>
</table>
2016 thus far

- 70 cases through June 2016; on trend to surpass 2015
- 56% of the total cases MSM
- 17% of the cases at risk for being the one and 10 individuals nationally that will contract HIV within the course of one year
- 17% of the cases on PrEP (behind the national recommendation for now)
- Less than five these cases are co-infected with HIV
We’ve Got to Fight the Resistance

- Know the origins of our morbidities
- Screen comprehensively/ appropriately
- Treat according to latest CDC standards

Vermont Department of Health
Know the Origins of Your Morbidities

Rate of Gonorrhea Import

Vermont Department of Health
Screen comprehensively/appropriately

MSM and Ex Gen Testing
Quarter 1 2016

Vermont Department of Health
Treat According to the Latest CDC Guidelines

MSM GC Treatment Surveillance

- 38.97% with CDC Standards
- 1.3% with Doxy

Vermont Department of Health
The ideal screening

Don’t forget the “triple dip” for MSM

- HIV/Syphilis/ HepC Serologies
- Pharyngeal GC NAAT*
- Urine GC/CT NAAT
- Rectal GC/CT NAAT*

*Off-label use. Not FDA-approved for testing at extragenital sites, but many reference labs have validated the assay for use.

Vermont Department of Health
What MSM should be on PrEP?

- People at high risk who should be offered PrEP include about 1 in 4 sexually active gay and bisexual men*
  - Have an HIV-positive partner
  - Have multiple partners
  - A partner with multiple partners, or a partner whose HIV status is unknown and
    - Have anal sex without a condom
    - Recently had a sexually transmitted infection (e.g. syphilis)

- CDC Vital Signs 12/15

Vermont Department of Health
Vermont PrEP Continuum

Vermont Department of Health
Vision for the Future: ”Werk” that Continuum

Points of Entry: Assign DIS
- New HIV Case reported to HIV Surveillance
- New Applicant for your AMAP program
- Individual identified in HIV Surveillance that has not had a VL in one year
- Individuals with detectable VL’s
- New MSM w/STI other than HIV reported to program, verify HIV status (+or- with AMAP and HIV Surveillance)

Take to scale dependent upon your morbidity area, while Vermont would be entire state, perhaps you focus on the medical provider with the greatest number of patients in your highest morbidity area.

Vermont Department of Health
What do we want, When do we want it?

Vermont Department of Health
Vision for the future: Performance Measures

- Not all the measures should be the same for all populations
- Set benchmarks for PS with MSM Performance based upon trend analysis
- Measures of focus:
  - Contact Index (STD)
  - Disease Intervention Index (STD)
  - Treatment Index (STD)
  - Testing Index (HIV)

Vermont Department of Health
Is your health department STD clinic responsive to MSM and Transgender needs?

A secret shopper program pilot in Tennessee

Melissa Morrison, MA
HIV Prevention Director – TN Department of Health
NASTAD TA Meeting July 28, 2016
Why a Secret Shopper program?

- 2010 focus groups for MSM strategic plan
- Cultural competency training -→ CC 2.0
- PRISM records on current gender (44%)
- # of records in PRISM with discordant birth sex and current gender (27 = <1%)
Constructing a Tool

- Center for Sexuality & Health Disparities (SexLab) at University of Michigan
- Missouri Department of Health CTR QA site visit form
- Other sources
Getting buy-in from STD Clinic Managers

• Visits to both clinics (2/2016) to review tool and ask for input

• Ensure group agreement that the information the shoppers would convey are all desired

• Tool goes over
  ✓ Experience in waiting room
  ✓ Receptionist/front desk interactions
  ✓ Nurse or nursing assistant experience
  ✓ DIS experience
  ✓ HIV test experience (or STD test)
  ✓ Risk Reduction Counseling
  ✓ PrEP/Condoms
Selecting Shoppers

- We had a small budget (~$1,500) to kick this off, so we started with just 3 secret shoppers in each city (Memphis, Nashville)

- We selected shoppers based on their willingness, involvement & past experience (informal process)

- We wanted MSM and Transgender volunteers who were open minded and viewed the project as information gathering

- In total, we conducted the training 6 shoppers – 2 were MtF Transgender and 4 were MSM
TN Health Department Secret Shopper Reporting Tool: Trans- Memphis

Please review these questions thoroughly before going to your appointment at the Health Department, but don’t take the list with you. After your appointment, answer these questions as soon as possible so that you remember important details.

1. When called to your appointment, what name was called?
   A) First name only  B) Last name only
   C) First and Last name  D) An anonymous ID number or other unique identifier
2. What time was your appointment? ________ What time were you called back to see a provider? ________
   What time did you leave? ________
3. What is your race/ethnicity? ____________________________  4. What is your age? ____________________________

<table>
<thead>
<tr>
<th>At the clinic/in the waiting room:*</th>
<th>YES</th>
<th>NO</th>
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</thead>
<tbody>
<tr>
<td>a) Was the clinic within walking distance of public transportation?</td>
<td></td>
<td></td>
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<tr>
<td>b) Does the clinic have a discreet entrance?</td>
<td></td>
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<tr>
<td>c) Were there STD/HIV pamphlets/posters in the waiting room?</td>
<td></td>
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<tr>
<td>d) Were there STD/HIV pamphlets/posters featuring images and/or information relevant to LGB individuals in the waiting room?</td>
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</tr>
<tr>
<td>e) Were there STD/HIV pamphlets/posters directed at youth?</td>
<td></td>
<td></td>
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<tr>
<td>f) Were there STD/HIV pamphlets/posters with images of racial and/or ethnic minorities?</td>
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</tr>
<tr>
<td>g) Were there free condoms available to be taken in the waiting room?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. If yes, were the condoms in an easily accessible place?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Were the condoms in a place where they could be taken discreetly?</td>
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</tr>
<tr>
<td>h) Did the receptionist demonstrate neutral/non-judgmental body language?*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i) Did the receptionist use neutral/non-judgmental language?*</td>
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Training

• The training was conducted in April 2016 by our Director of Community Engagement and our STD Assistant Director.

• Agenda:
  ✓ Purpose of the secret shopper program
  ✓ the form designed to collect their experiences
  ✓ Each shopper’s ‘backstories’ (details intended to “trigger” HD responses)
  ✓ Walked shoppers through what to expect (e.g. anal swabs!)
Shopping Experiences
Follow up with STD Clinic Managers

- Info from all three shoppers in each city compiled into one bulleted document

- Meeting scheduled with the HIV Prevention Director, STD Prevention Director and local clinic leadership

- Began with positive comments – then transitioned to ‘potentials for improvement’

- Divide feedback into Cultural Sensitivity issues and Procedural Issues

- Low hanging fruit: TG and MSM posters/materials in waiting rooms and clinic rooms – updating forms etc

- Address 2-2.5 hour wait times

- Limited sexual history taking

- Answer questions and explain results
Challenges/Limitations

- Due to travel and funding constraints, all participants visited the HD on the same day/time (staggered); thus their experiences may not have been indicative of patient experiences at other times or on other days.

- No participant was referred to a DIS during their appointment; thus the clinic DIS interactions with MSM and trans patients could not be assessed in this initial round.

- All participants were active in HIV prevention work through either volunteer or professional ties, and may have had different expectations than other HD patients.
Pilot: Lessons Learned

• Extend training to full day rather than half-day

• More explicit details about expectations when recruiting. (Again, anal swabs!)

• Expand survey to accommodate additional clinic staff, such as lab techs, etc.

• In-person interview needed after appointment
Next Steps

• One clinic has asked us to repeat the shopper process every quarter
  – Should we use the same volunteers each time, or new people?

• Planned trainings for front line clinical staff on cultural competency

• Re-training of clinical staff on DIS hand-off

• Addressing long wait times
Melissa Morrison, MA
HIV Prevention Director
melissa.morrison@tn.gov